

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

AUG 19 1937

1. PLACE OF DEATH

County BUCHANAN
Township WASHINGTON
City ST. JOSEPH, (No. 205 VIRGINIA ST.)

Registration District No. 35
Primary Registration District No. 1077

File No. 26668
Registered No. 754
St. _____ Ward _____

2. FULL NAME MRS. HANNAH A. LOVITT

(a) Residence, No. 205 VIRGINIA ST. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOWED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>WIDOW OF S.L. LOVITT,</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>UNKNOWN</u>		
7. AGE	YEARS	MONTHS
<u>35</u>	<u>68</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>HOUSEWIFE</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UNKNOWN</u>		
13. NAME <u>JOHN MYERS,</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>DUBLIN IRELAND</u>		
15. MAIDEN NAME <u>UNKNOWN</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>DUBLIN IRELAND</u>		
17. INFORMANT (ADDRESS) <u>JOHN M. LOVITT, ST. JOSEPH, MO.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>SEDALIA, MO.</u> DATE <u>JULY 5, 1937,</u>		
19. UNDERTAKER (ADDRESS) <u>FLEEMAN & SON INC. 1947 COLHOUN ST. ST. JOSEPH, MO.</u>		
20. FILED <u>7/3</u> 19 <u>37</u> <u>A. J. Neel</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 2, 1937

22. I HEREBY CERTIFY, That I received deceased from viewed
7-4, 1937, to _____, 19____
I last saw h.ER. alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:00 P.
The principal cause of death and related causes of importance were as follows:
acute coronary thrombosis Date of onset 7-2-37

Other contributory causes of importance:
none

Name of operation _____ Date of _____
What test confirmed diagnosis History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify B.W. Tadlock - coroner M. D.
(Signed) King Hill Bldg.
(Address)

